

43

**Statement of Organization  
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☐ Termination — See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

1382308

Date Stamp

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**JAN 26 2016**

**CALIFORNIA  
FORM 410**

For Official Use Only

**City Clerk's Office**

**FEB 11 2016**

**RECEIVED**

**1. Committee Information**

NAME OF COMMITTEE

Mark Tiernan for City Council 2016

STREET ADDRESS (NO P.O. BOX)

820 Kizer Street

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA 95035

(408)263-8714

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

marktiernanformilpitas@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

Milpitas

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Cynthia Rich

STREET ADDRESS (NO P.O. BOX)

2071 Laurelei Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Jose

CA

95128

(408)439-0506

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/22/2016  
DATE

By

*Cynthia Rich*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/22/2016  
DATE

By

*Mark Tiernan*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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I.D. NUMBER

COMMITTEE NAME

**Mark Tiernan for City Council 2016**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

**US Bank, Milpitas Office**

**(408)262-1111**

ADDRESS

CITY

STATE

ZIP CODE

**100 North Milpitas Blvd. Ste 100**

**Milpitas**

**CA**

**95035**

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY   |
|--|---|------------------|---|
| Mark Tiernan   | City Council  | 2016             | <input checked="" type="checkbox"/> Nonpartisan |
|  |   |                  | <input type="checkbox"/> Nonpartisan            |

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                                    |
|---|--|-------------------------------------|------------------------------------|
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |